

In re Patent Application of

Atty Dkt. 1721-33

SMADJA-JOFFE et al.

C# M#

Serial No. 09/927,463

Group Art Unit: 1644

Filed: August 13, 2001

Examiner: BELYAVSKYI, M.

Date: December 18, 2002

Title: MEANS FOR REGULATING HEMATOPOIETIC DIFFERENTIATION

RECEIVED

DEC 19 2002

Assistant Commissioner for Patents  
Washington, DC 20231

TECH CENTER 1600/2900

Sir:

**RESPONSE**

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☒ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment 0 minus highest number  
previously paid for 20 (at least 20) = 0 x \$ 18.00 \$ 0.00

Independent claims after amendment 0 minus highest number  
previously paid for 3 (at least 3) = 0 x \$ 84.00 \$ 0.00

If proper multiple dependent claims now added for first time, add \$280.00 (ignore improper) \$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this  
paper and attachment(s) (\$110.00/1 month; \$400.00/2 months; \$920.00/3 months) \$ 0.00

Terminal disclaimer enclosed, add \$ 110.00 \$ 0.00

☐ First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$740.00) \$ 0.00

☐ Please enter the previously unentered, filed

☐ Submission attached

**Subtotal \$ 0.00**

If "small entity," then enter half (1/2) of subtotal and subtract -\$ 0.00

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee (\$180.00) \$ 0.00

Assignment Recording Fee (\$40.00) \$ 0.00

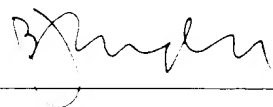
Other: 0.00

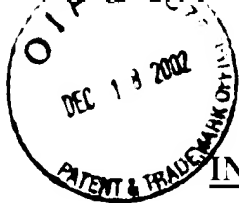
**TOTAL FEE ENCLOSED \$ 0.00**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

1100 North Glebe Road, 8<sup>th</sup> Floor  
Arlington, Virginia 22201-4714  
Telephone: (703) 816-4000  
Facsimile: (703) 816-4100  
BJS:plb

NIXON & VANDERHYE P.C.  
By Atty: B. J. Sadoff, Reg. No. 36,663

Signature: 



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

SMADJA-JOFFE et al.

Atty. Ref.: 1721-33

Serial No. 09/927,463

Group: 1644

Filed: August 13, 2001

Examiner: BELYAVSKYI, M.

For: MEANS FOR REGULATING HEMATOPOIETIC DIFFERENTIATION

\* \* \* \* \*

December 18, 2002

Assistant Commissioner for Patents  
Washington, DC 20231

**RECEIVED**

DEC 19 2002

Sir:

**TECH CENTER 1600/2901**

**RESPONSE**

Responsive to the Official Action dated November 18, 2002, the applicants elect, the subject matter of Group I for further prosecution in the above. An early and favorable on the merits of the claimed invention is requested.

Respectfully submitted,

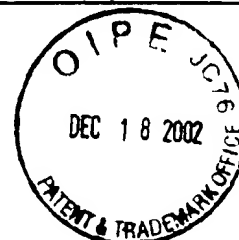
**NIXON & VANDERHYE P.C.**

By: \_\_\_\_\_

B. J. Sadoff

Reg. No. 36,663

BJS:plb  
1100 North Glebe Road, 8th Floor  
Arlington, VA 22201-4714  
Telephone: (703) 816-4000  
Facsimile: (703) 816-4100

**CORRESPONDENCE  
ADDRESS  
INDICATION FORM****Address to:**Assistant Commissioner for Patents  
Box CN  
Washington, DC 20231

Direct all correspondence to:

**Customer Number:****23117**Place Customer  
Number Bar  
Label Here →**OR***Type Customer Number here*

Request for Customer Number (PTO/SB/125) submitted herewith.

**in the following listed application(s) or patent(s):**

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/927,463		August 13, 2001
<b>RECEIVED</b> DEC 19 2002 TECH CENTER 1600/2900			

Typed or Printed Name	B. J. Sadoff	(check one)
Signature		<input type="checkbox"/> Applicant or Patentee
Date	December 18, 2002	<input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer:	1100 North Glebe Road, 8 <sup>th</sup> Floor Arlington, VA 22202	<input checked="" type="checkbox"/> Attorney or Agent of record
		36,663 (Reg. No.)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.